


Applicants	:	Ioannis Moutsatsos et al.	
Serial No.	:	Not yet assigned	Examiner: Not yet assigned
Filed	:	herewith	Art Unit: Not yet assigned
For	:	GENETICALLY ENGINEERED CELLS WHICH EXPRESS BONE MORPHOGENETIC PROTEINS	

**LETTER UNDER 37 CFR §1.63**

**SUBMITTED IN TRIPLICATE**

Express Mail Label No. EM539868762US

*Steven J.*

  
Steven R. Lazar  
Reg. No. 32,618  
Attorney of Record

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09/04/98

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**  
Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

Attorney Docket No. **GI5298A**  
First Inventor or Application Identifier **Ioannis Moutsatsos et al.**  
Title **GENETICALLY ENGINEERED CELLS WHICH EXPRESS BONE  
MORPHOGENETIC PROTEINS**  
Express Mail Label No. **EM539868762US**

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility application contents

ADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages **57**]  
(preferred arrangement set forth below)
- Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) [Total Sheets **10**]
4. Oath or Declaration [Total Pages ]
- a. ☒ Unexecuted (original copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (Identical to computer copy)
- c. ☐ Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8. Assignment Papers (cover sheet & document(s))
9. 37 C.F.R. § 3.73(b) Statement (when there is ☐ Power of Attorney an assignee)
10. English Translation Document (if applicable)
11. Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. \*Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired  
(PTO/SB/09-12)
15. Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. Other: **Statement Pursuant to 37 CFR 1.63**

\*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C. F. R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C. F. R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment.

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: **60/057,989**

Prior application Information: Examiner **Not yet assigned**

Group/Art Unit: **Not yet assigned**

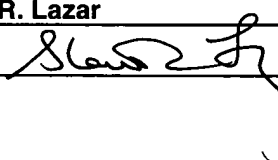
**18. CORRESPONDENCE ADDRESS**

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	<b>Steven R. Lazar</b>				
Address	<b>Genetics Institute, Inc. 87 CambridgePark Drive</b>				
City	<b>Cambridg</b>	State	<b>MA</b>	Zip Code	<b>02140</b>
Country	<b>U. S. A.</b>	Telephone	<b>(617) 498-8260</b>		Fax <b>(617) 876-5851</b>

Name (Print/Type)	<b>Stev n R. Lazar</b>	Registration No. (Attorney/Agent)	<b>32,618</b>
Signature		Date	<b>S ptemb r 4, 1998</b>

# FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

## Complete If Known

Application Number	Not yet assigned
Filing Date	September 3, 1998
First Named Inventor	Ioannis Moutsatsos et al.
Examiner Name	Not yet assigned
Group / Art Unit	Not yet assigned
Attorney Docket No.	GI5298A

TOTAL AMOUNT OF PAYMENT

(\$ 790

### METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit  
Account  
Number

07-1060

Deposit  
Account  
Name

GENETICS INSTITUTE, INC.

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17 ☐ Charge the Issue Fee Set in 37 C.F.R. §§ 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	790
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$ 790

#### 2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
10	1		20**	22	0
			3**	82	0
					0

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0				

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,52	147	2,520
112	920	112	920*
113	1,84	113	1,840*
115	110	215	55
116	400	216	200
117	950	217	475
118	1,51	218	755
128	2,06	128	1,030
119	310	219	155
120	310	220	155
121	270	221	135
138	1,51	138	1,510
140	110	240	55
141	1,32	241	660
142	1,32	242	660
143	450	243	225
144	670	244	335
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	790	246	395
149	790	249	395

Other (specify)

Other fee (specify)

SUBTOTAL (3)

(\$)

\*Reduced by Basic Filing Fee Paid

### SUBMITTED BY

Typed or  
Printed Name

Steven R. Lazar

Signature

*Steven R. Lazar*

Date

September 4, 1998

### Complete (if applicable)

Reg. Number

32, 618

Deposit Account User ID

07-1060